PTO/SB/97 (08-03)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Petent and Tredemark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
U.S. Patent and Trademerk Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

RECEIVED

JAN 2 3 2008

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office

on January 23, 2008.

Date

Patricia M. Fedorowycz

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Mail Stop AMENDMENT

ATTACHED- Response Under 37 CFR 1.111 - 17 pages;

Fee Transmittal (PTO/SB/17) in duplicate; Petition for One-Month Extension, in duplicate.

CUSTOMER NO.: 24498

Serial No.:

10/518,670

Docket No.:

PU20289

Art Unit:

2616

Examiner:

Andrew Lai

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 22

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to use to including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1450.

	Complete If Known					1			
•	Consolidated Approp			Application Num	ber 10/5	18,670		RECEI	VED
FEE T	Filing Date	Dec	December 17, 2004 CENTRAL F						
for FY 2007						First Named Inv	entor Car		
				Examiner Name	And	rew Lai		JAN 2 3	200
Applicant clai	ims small entity	status. See	37 CFR 1.27	Art Unit	261	5 6			
		7011	PU020289						
TOTAL AMOUNT	OF PAYMENT	(\$) 330	0.00	Attorney Docket	No. FU	24403	-		سنندنه ٦٠٠
METHOD OF PAYMENT	r (check all that appl	D CUST	OMER NUMB	BER: 24498					1
Check C	redit card	Money (Order	☐ None	O1	her (please lden	tify):		1
⊠ Charge : ⊠ Charge : fee(s) unde WARNING: Information Information and author	dentified deposit fee(s) indicated any additional of 37 CFR 1.16 on on this form m orization on PTO-	account, the d below fee(s) or us and 1.17 ay become p 2038.	o Director Is hereb nderpayments o ublic. Credit card li	☐ Charge of ☑ Credit information should	(check all the fee(s) and any overpa	at apply) icated below yments ided on this fo	/, except	CENSING LLC t for the filling fee	/
FEE CALCULATION	N (All the fees b	oelow are d	ue upon filing or	may be subjec	t to a surch	arge.)]
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARC Small Entity				CH FEES Small Entl		XAMINATION F	EES Small Er	ntty	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee	<u>(\$)</u> <u>F</u>	es (\$)	Fees Paid (\$)	
Utility	300	150	500	250	20)	100	•	1
Design	200	100	100	50	13		65		
Plant	200	100	300	150	16	•	80		
Reissue	300	150	500	250	60	0	300		ŀ
Provisional	200	100	0	0	,		0		
2. EXCESS CLAIM	FEES						<u>Şmail E</u>	intty	
Fee Description						Fee (\$)		Fee (\$)	1
Each claim over 20 (inc			50		25				
Each independent clair			200		100	1			
Multiple dependent claims Total Claims Extra Claims Fee (\$)				Eng Pold (\$)		360 Multiple	Depende	180 int Claims	1
19 - 20 or HP = 0 x \$50				<u>Fee Paid (\$)</u> = \$0		Fee (\$)	Dependo	Fee Pald (\$)	
HP = highest number o	of total claims paid	for, if greater	than 20.						
HP = highest number of	or HP = 1	a Claims		Fee Paid (\$) = \$210.					
3. APPLICATION S If the specification a listings under 37 CF sheets or fraction th	ind drawings exc R 1.52(e)), the s	pplication s	ize fee due is \$25	0 (\$125 for sma					
Total Sheets	Extra Shee	ets i	Number of each	additional 50 o	fraction th	ereof	Fee_(\$)	Fee Paid (\$)	
100 =	. <u> </u>	/ 50 =	(rou	ind up to a whole	number) x			_ =	1
4. OTHER FEE(S	•	(no small ei	ntity discount)					Fees Paid (\$)	
Other (e.g., late filin	g surcharge):FE	E FOR ON				20.00 10.00		\$330.00	
SUBMITTED BY							•		=
Nama (Print/Type)	BRIANTJ. D	DRINI.	Registration No.	43	594	Telephone	(609)	734-6817	_ [
r-wine (i min / yye)	1 3 3 3 3		(Altorney/Agent)	-,0,		- araproria	+/		~